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FORM APPROVED

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/07/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE SOUTH CHARLOTTE

6615 REA ROAD
CHARLOTTE, NC 28226

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on May 7, 2015. Records indicate that the Facility was first licensed or submitted for licensure on or about November 25, 1996 for Eighty-eight (88) Beds. On or about May 31, 2000 a request was made and approved to change Thirty-Seven (37) Beds to Independent Living leaving the total licensed beds to Fifty-One (51) Beds, including Fifteen (15) Special Care Beds. On December 31, 2014 the Facility was licensed for 82 beds, including Fifteen (15) Special Care Beds. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409.1- Group	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6888

NCWW21

If continuation sheet 1 of 12

* see attachment

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C 101	<p>Continued From page 1</p> <p>than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the facility failed to meet the Building Code requirements of Section 409.1.5 and Table 409.1.5 of the 1996 NC State Building Code for "Protection From Hazardous Areas". This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on May 7, 2015: a. The Storage Room near 312 was over 100 sq. ft. and does not have a 45 minute rated "C" label fire rated door protecting its opening, 2. Based on observation, the facility is equipped with Special Locking (Magnetic Lock) and not all doors were equipped with an emergency release. This could affect all residents, staff and visitors if the facility if they cannot egress quickly during an emergency. Findings on May 7, 2015: a. Section 1012.6.1. 4. E. requires an "emergency release switch shall be provided for each locked door and located within 3 ft. of the door." There was no emergency release switch provided within three feet of the Gate. 3. Based on observation, the building failed to meet NC State Building Code concerning delayed egress at the time of Initial Licensing. Findings on May 7, 2015: a. The delayed egress door(s) do not have the required signage saying, "PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 	C 101		

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C 101	Continued From page 2 SECONDS" at most of the exits in the SCU. 4. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on May 7, 2015: a. The gate in the SCU has a magnetic lock installed and the central emergency release switch requires a key to operate located at the nurse station. Interview with staff in the area revealed that they did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of a locked unit must carry keys at all times.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director/Maintenance Director/Manager of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.	C 111		

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C 111	Continued From page 3 Findings on May 7, 2015: a. Maintenance Director could not find the Annual Building Sanitation Report for review. b. Maintenance Director could not find a more current Annual Fire Alarm System Report than 10/30/2012.	C 111		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures have curtains to provide privacy. Findings on May 7, 2015: a. In the Second Floor Shower Room, the tub was not equipped with a curtain. b. In the SCU Restroom there was no curtain in the shower.	C 132		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all	C 133		

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C 133	Continued From page 4 commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 7, 2015: a. In the SCU Restroom the commode grip was broken.	C 133			
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on May 7, 2015: a. A chair was restricting the corridor's width to 52 inches at the Second Floor East Stair Tower. Deficiency corrected before Construction Surveyors departed the site.	C 150			
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164			

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C 164	Continued From page 5 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions, and building in disrepair. Findings on May 7, 2015: a. In the Residents' Laundry near Bedroom 211, there was lint and clothing behind the dryer.	C 164		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on May 7, 2015:	C 183		

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C 183	Continued From page 6 a. The fire extinguisher cabinet was missing its handle making it difficult to open, near Bedroom 225.	C 183		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 7, 2015: a. The exhaust fan did not completely cover the hole through the ceiling in the Bathroom in Bedroom 228. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on May 7, 2015:	C 189		

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C 189	<p>Continued From page 7</p> <p>a. The cross-corridor double-egress doors in the Smoke Barrier near the Beauty Shop did not have astragals to provide acceptable clearances between the meeting edges of the doors when the fire alarm system released the doors.</p> <p>3. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on May 7, 2015:</p> <p>a. The corridor door assembly to the Bedroom 219 had a 1/4 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>b. The corridor door assembly to the Bedroom 204 had a 3/8 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>c. The corridor door assembly to the Sale Office had a 1/4 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on May 7, 2015:</p> <p>a. The corridor doorframe was missing its strike plate at Storage across from Bedroom 228.</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on May 7, 2015:</p> <p>a. Some exit signs have inappropriate chevrons graphics that misrepresent the way out of the building during an emergency at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Bio/Haz near Bedroom 219, ii. Second Floor near Housekeeping, iii. First floor near Housekeeping <p>b. The exit sign was not working on normal power at the Dining room Exit.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin</p> <p>Findings on May 7, 2015:</p> <p>a. The Kitchen to Dining room door did not have a door closure and Dining was open to the corridor.</p> <p>b. The Corridor door to Storage room 321 did not latch. Deficiency corrected before Construction Surveyors departed the site.</p> <p>7. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>smoke and fire in the room of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. Corridor door to the bedroom 201 was wedged open, b. Corridor door to Business Office was wedged open, c. Service Corridor door to the kitchen was held open with mechanical "kick-downs." <p>8. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. The exit sign did not completely cover the hole through the ceiling at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Business Office Manager's Closet ii. b. The HVAC grille did not completely cover the hole through the ceiling at the following locations to include but not limited to: <ul style="list-style-type: none"> i. Business Office Manager's Closet <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on May 7, 2015:</p> <ul style="list-style-type: none"> a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: 	C 189		

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C 189	Continued From page 10 i. Dining. ii. Out the North most Public Toilet Room, b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to: i. Bedroom 303 walk-in closet, ii. Beauty Shop, iii. Executive Office closet, c. The fire sprinkler escutcheon plate was missing at the following locations to include but not limited to: i. Kitchen, ii. Dining. iii. Solid Linen in SCU, iv. Front Sun Porch. 10. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on May 7, 2015: a. The corridor door to the Wellness Center had a 1/2 inch diameter hole through the it.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage;	C 199		

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C 199	<p>Continued From page 11</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on May 7, 2015:</p> <p>a. There was no ventilation to the following areas. Locations of specific examples include but are not limited to:</p> <p>i. Bio/Haz Room near Bedroom 219, ii. Residents Laundry Third Floor South Wing, iii. Residents Laundry Third Floor North Wing, iv. Residents Laundry Second Floor South Wing, v. Residents Laundry Second Floor North Wing,</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on May 7, 2015:</p> <p>a. The exhaust ventilation was not working in the following areas. Locations of specific examples include but are not limited to:</p> <p>i. Housekeeping on Second Floor. ii. Housekeeping on Third Floor</p>	C 199			

The following is the Plan of Correction for Brookdale South Charlotte. This Plan of Correction is in regards to the Statement of Deficiencies dated 5/7/15. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

1. A 45 minute rated "C" label fire door was order on June 29, 2015. The door will be installed by July 24th, 2015.
2. The release switch for the Clare Bridge gate will be moved from within the building to outside the gate so that it meets the 3ft requirement. This will be completed by July 10th, 2015.
3. The delayed egress doors will have a "push until alarm sounds after 15 seconds" sign has been ordered and will be installed by July 10th, 2015.
4. A key box which contains a key has been installed next to release switches in the office and on the gate to allow access for the staff to access the release switch.
5. Annual building sanitation report occurs twice a year. A copy of each report is kept in the ED office for review and available for inspectors.
6. Current annual fire alarm system reports were faxed to the community on June 25th, 2015. We have 2013, 2014 and then next annual inspection is in October of 2015. ED and Maintenance Tech have a copy of this record.
7. Shower rooms in SCU and AL now have a curtain/partition for privacy and will be installed by July 10th.
8. CB bathroom commode grip has been replaced and is in working condition as of June 30th, 2015.
9. ED and Maintenance Tech walked the building to ensure that all furniture is not obstructing the walkways within the building.
10. Lint sign off sheets are utilized daily by the care managers and housekeepers and now include not only cleaning the lint trap but also checking behind the dryer daily for cleanliness and lint.
11. Fire extinguisher cabinets do not have handles like stated in the inspection. The fire extinguisher holders have a small magnetic strip that you push in and the glass door will release. We have completed an audit on all fire extinguisher cabinets and all are in working condition as of July 1, 2015.
12. The exhaust fan cover has been re-positioned and caulked so that there is not a gap in the ceiling. This was completed by July 1, 2015.
13. The cross-corridor double-egress doors in the smoke barrier across from the beauty salon now have new astragals that now provide acceptable clearances. This was completed on July 1st, 2015.
14. The corridor door assembly for bedroom 219, 204, and the sales office no longer have a gap in the frame. Wood was added to the frame to close up the gap. This has been corrected as of July 1st, 2015.

15. The corridor doorframe across from bedroom 228 now has a strike plate and was completed on June 28, 2015.
16. The chevrons on the exits signs near 219, 2nd floor near housekeeping closet, 1st floor housekeeping closet have been corrected to show the right directions as of June 28th, 2015. A new exit sign has been order and will be installed by July 3rd, 2015 in the dining room and will have the correct direction signage. ED will complete an audit on July 6th, 2015 to make sure all exit signs are correct.
17. The kitchen door now has a self-closing hinge and was installed on July 1st.
18. Resident will not use wedges in their doors. Spoke with residents in 201 about not using these and that they must not be used going forward. For any resident doors or offices like the business office they will use a magnetic device on that backside that will hold the door open and release easily during emergencies. They are easily able to hit and release the door. The kitchen service door kick down has been removed as of July 1st, 2015.
19. The exit sign and HVAC grill in the business manager's office has been caulked and no longer has a gap in the wall or ceiling. This was completed on June 29th, 2015.
20. Fire sprinkler escutcheon plates have been ordered for the dining room, the most north public toilet room, bedroom 303 walk in closet, beauty shop, ED office closet, kitchen, dining, solid linen in the SCU and the front porch and will be installed by July 10th, 2015.
21. Exhaust fan has been repaired and now completely covers the hole in the ceiling in the bathroom of room 228. For those areas that had the escutcheon plate but that didn't cover the complete hole a caulking was applied to cover the hole.
22. The wellness center door had 2 holes that have now been caulked and maintenance director will repair and repaint the area. This will be complete by July 6th, 2015.
23. Exhaust fans will be added to the laundry rooms on the 2nd and 3rd floor. There is only one laundry room on the 2nd floor and not 2 per the survey report. This will be completed by August 18th, 2015. The biohazard container has been moved out of the closet and put into the housekeeping closet that has an exhaust fan as of July 1st, 2015.
24. The exhaust fans that were not working correctly were fixed by the maintenance director and are now in working order as of June 28th, 2015.

Anna Lewis
Executive Director
7.1.15